TOTAL CLAIMS FOR RATE FEE BASIC FEE 370.00 OR BASIC FEE 740.0 TOTAL CHARGEABLE CLAIMS Iminus 20			CLA	IMS A	S FILED		0.00	mn 2)	SMAL				9739	THAN
FOR MANDER FILD NUMBER EXTRA TOTAL CHARGEABLE CLAIMS	T	OTAL CLAIMS			7	7	1901					OR 1		_
TOTAL CHARGEABLE CLAIMS	F	OR			ARMBE	RELED	NUM	ER EXTRA		Ξ.		-		
INDEPENDENT CLAIMS	T	OTAL CHARGEABLE CLAIMS			172		. 0					OH		140.0
MULTIPLE DEPENDENT CLAIM PRESENT "If the difference in column 1 is less than zero, enter "O" in column 2 "If the difference in column 1 is less than zero, enter "O" in column 2 "If the difference in column 1 is less than zero, enter "O" in column 2 "If the difference in column 1 is less than zero, enter "O" in column 2 "Column 1] (Column 2) "Column 3] "Colu	IN	DEPENDENT C	LAIMS		1						-	OR	X\$18=	<u> </u>
Total OR ASSAMENDED - PART II (Column 1) (Column 2) (Column 3) CONNS REMANING NUMBER PRESENT PREVIOUSLY PAID FOR TOTAL CONNS REMANING NUMBER PRESENT PRESENT PREVIOUSLY PAID FOR TOTAL Total Mirus PAID FOR PRESENT TOTAL COLUMN 1) (Column 2) (Column 3) COLUMN 2 PAID FOR PRESENT PRESENT PRESENT PREVIOUSLY PAID FOR ADDIT. FEE COLUMN 3 PAID FOR PRESENT TOTAL OR ADDIT. FEE COLUMN 1) (Column 2) (Column 3) COLUMN 1) (Column 3) PRESENT PRESENT PRESENT PRESENT PREVIOUSLY PRESENT PRESENT PRESENTATION OF MULTIPLE DEPENDENT CLAIM FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM COLUMN 1) (Column 2) (Column 3) COLUMN 2) (Column 3) COLUMN 3) PRESENT PRESENTATION OF MULTIPLE DEPENDENT CLAIM FIRST P	M	ULTIPLE DEPE	NDENT	CLAIM P					XA	<u>}</u> =	82	OR	X84=	
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COLUMN 3 COLUMN 3 COLUMN 3 RESEARCH RESEARCH RESEARCH RATE TICHAL FEE OR X\$18= CLAMS REMAINING RAMBER PRESENT PRESENT PRESENT PRESENT PRESENTATION OF MULTIPLE DEPENDENT CLAIM TOTAL OR ADDIT FEE OR					-			polumn 2	TOT	AL		OR	TOTAL	
RÉMANUNG RAFIER AMENDMENT RATE ROUDING RATE RATE RATE RATE RATE RATE RATE RATE	1	bliefor c			AMENDE	P50.11		(Column 3)	SMA	щ	NITTY	ОЯ		
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REMAINING AFTER PREVIOUSLY PRESENT EXTRA PRESENT EXTRA FOR TIONAL FEE TONAL	E	1815						(Column 3)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ee s			www.ftE	
Total • // O Minus •• 2 O = X\$ 9= OR X\$18= Independent • 2 Minus •• 5 - A X42= OR X84= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	E P		REMA	UNING TER		NUME PREVIO	ER USLY		PATI		TIONAL		RATE	TION
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* If the control is column 1 to least the column is column 2 write 77 in column 3	_	FIRST PRESE	OTATIO	N OF M	JLTIPLE DE	PENDENT	CLAIM			1				
	• (ff the entry in colum	mn 1 to te	es than th	e entry in odi	umn 2. witte	To be cont	uma 3.	1	L		OR	+280≤ 107AL	